

## I am applying for

**Program**

- Court/Conference Reporting  
 Court Reporter Scoping

**Campus**

- Fairfield  
 Piscataway

**Division**

- Day  
 Evening

Starting Date: \_\_\_\_\_

## Personal info

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Sex: Male / Female Date of Birth: \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ U.S. Citizen / Other

Social Security Number: \_\_\_\_\_ (for US citizens only)

Marital Status:  Single  Married  Separated  Divorced  Widowed

# of Dependents: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Parent, Guardian or Spouse

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## Highschool Information

High Scholl Graduation Date: \_\_\_\_\_

If not, are you a GED recipient? Yes / No

High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## College Information

High Scholl Graduation Date: \_\_\_\_\_

College Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Special Circumstances

Attendance and/or academic information may be released to my parent(s)/guardian or spouse: Yes / No

*I acknowledge that I have reviewed the clock hours and attendance requirements for completion of the program in which I am seeking enrollment, and I confirm that my employment and/or other obligations will not interfere with my ability to meet these requirements*

If this is not the case, please state below any special circumstances that you want to be considered for admission, bearing in mind that this may result in a rejection of your application or a conditional acceptance with specific modifications to your class schedule.)

Special Circumstances:

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## Academic Information

You may be given credit for previous education, training, or work experience that can be used to shorten the length of your program. You will have the option of receiving monetary credit for all relevant courses approved for credit, or you may choose to utilize this time in other ways (e.g. computer lab, dictation/speed classes)

List below any additional previous education, training, or job experience that should be evaluated in granting credit toward your training objective. If you are transferring from a school where you received previous court reporting and/or medical transcription training, please include the following where applicable: (1) current typing speed; (2) current stenotype speed and tests passed at the current and preceding levels; (3) all completed academic course work.

**NOTE:** in lieu of test-out by exam, transfer credit will only be granted where verification is received via certified academic transcript(s).

Name of School Attended	Dates Attended (from YYYY/MM/DD to YYYY/MM/DD)	Course of Study	Degree or Diploma

## Previous Work History/Training

**Additional Information:** Occasionally a student has previous work history or training that would qualify him/her to test out of an academic class. This is an optional request, with credit only being given to those subjects for which a student achieves the required test-out score. Please indicate any area(s) in which you seek qualification for test-out review.

Employer's Name	Address	City	State	Zip	Phone

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE

How did you hear about StenoTech? \_\_\_\_\_